

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32335

State File No.

Registrar's No.

OCT 13 1943

Registration District No. 291

Primary Registration District No. 599L

## 1. PLACE OF DEATH:

- (a) County Putnam  
(b) City or town Rural - Union Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: —

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution — (Specify whether  
In this community 60 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME ISAAC NEWTON Owings

3. (b) If veteran, — name war — 3. (c) Social Security No. —

4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, 2 divorced widowed

6. (b) Name of husband or wife SUSIE E Owings 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased JANUARY - 29 - 1858  
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 0 If less than one day — hr. — min.

9. Birthplace Sedar County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name William T Owings

13. Birthplace Lincoln County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name AMELIA A HAESLIPP

15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant At home

- (b) Address Unionville Mo

17. (a) BURIAL (b) Date thereof Oct 5 - 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation UNION SEMETERY

18. (a) Signature of funeral director SOM STOCK FUNERAL HOME

- (b) Address UNIONVILLE, MO. Chas J. W. Comstock

19. (a) 10/14/43 (b) Chas J. W. Comstock  
(Date received local register) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Putnam  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Union Township  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country —

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29  
year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 20  
1943 to Sept 29 1943  
that I last saw him alive on Sept 29 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Myocardial revascularization

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations

Of autopsy

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) —  
(b) Date of occurrence —  
(c) Where did injury occur? — (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
At home (Specify type of place)  
While at work? — (e) Means of injury —

23. Signature Chas J. W. Comstock (M. D. or other)  
Address Unionville, Mo Date signed 10/13/43

RECEIVED

District Health Officer No. 10

District File Number 10-43-1213

Date Filed OCT 11 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

James W Pomatoch  
+197

Licensed Embalmer No.....

P. O. Address Unionville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.